

SIDE BY SIDE COMPARISON

	CARINGTON 500	SUN LIFE	COUNTY DENTAL
	DISCOUNT PLAN	TRUE DENTAL INSURANCE	REIMBURSEMENT PLAN
EMPLOYEE ONLY	\$0 per month; \$0 per year	\$24.27 per month; \$291.24/year	\$0 per month; \$0 per year
	Select a dentist from: www.betadental.com/choiceplus/	Choose in-network dentists at: www.sunlife.com/findadentist	Choose any dentist you want
	No deductible, unlimited use	\$50 individual deductible	No deductible
	No annual maximum use	\$1700 per calendar year maximum	\$1,000 per calendar year
	Cleanings: \$40 co-pay	cleanings covered at 100% twice per year within the annual maximum	1st cleaning/xrays reimbursed at 100%, 2nd cleaning reimbursed at 50%
	Services discounted on fee schedule including orthodontic: www.betadental.com/choiceplus/	Major services covered at 50%, No orthodontic coverage	Major services covered at 50%, No orthodontic coverage
EMPLOYEE PLUS ONE	\$11 per month; \$132 per year	\$59.18 per month; \$710.16/year	\$11 per month; \$132 per year
	Select a dentist from: www.betadental.com/choiceplus/	Choose in-network dentists at: www.sunlife.com/findadentist	Choose any dentist you want
	No deductible, unlimited use	\$50 ind/\$150 family deductible	No deductible
	No annual maximum use	\$1700 per person, per calendar year maximum	\$1,000 combined per calendar year
	Cleanings: \$40 co-pay	cleanings covered at 100% twice per year within the annual maximum	1st cleaning/xrays reimbursed at 100%, 2nd cleaning reimbursed at 50%
	Services discounted on fee schedule including orthodontic: www.betadental.com/choiceplus/	Major services covered at 50%, No orthodontic coverage	Major services covered at 50%, No orthodontic coverage
EMPLOYEE PLUS TWO	\$18 per month; \$216 per year	\$111.44 per month; \$1,337.28 per year	\$18 per month; \$216 per year
	Select a dentist from: www.betadental.com/choiceplus/	Choose in-network dentists at: www.sunlife.com/findadentist	Choose any dentist you want
	No deductible, unlimited use	\$50 ind/\$150 family deductible	No deductible
	No annual maximum use	\$1700 per person, per calendar year maximum	\$1,000 combined per calendar year
	Cleanings: \$40 co-pay	cleanings covered at 100% twice per year within the annual maximum	1st cleaning/xrays reimbursed at 100%, 2nd cleaning reimbursed at 50%
	Services discounted on fee schedule including orthodontic: www.betadental.com/choiceplus/	Major services covered at 50%, No orthodontic coverage	Major services covered at 50%, No orthodontic coverage